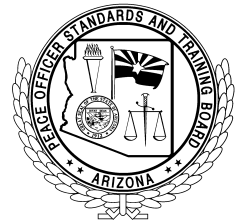




# Arizona Peace Officer Standards and Training Board



## BASIC TRAINING APPLICATION

### PART I. APPLICATION FOR ADMISSION TO POLICE ACADEMY

1. NAME OF APPLICANT: (Last, First, Middle)	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH:
4. APPLICANT'S HOME ADDRESS: (Include ZIP Code)	5. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	6. HEIGHT:
		7. WEIGHT:
	8. APPOINTING AGENCY:	
9. NCIC NUMBER:		

10. NAME OF POLICE ACADEMY: ☐ ALEA ☐ SALETC ☐ CARLOTA ☐ NARTA ☐ MESA PD ACADEMY ☐ OTHER: \_\_\_\_\_

11. APPLICANT IS APPOINTED AS A: ☐ FULL-AUTHORITY PEACE OFFICER ☐ SPECIALTY PEACE OFFICER ☐ LIMITED CORRECTIONAL PEACE OFFICER

#### 12. CERTIFICATION:

The undersigned individual hereby certifies:

- I am a duly authorized representative of the appointing agency.
- The above applicant meets all requirements for appointment as a peace officer in the state of Arizona as specified by Arizona Administrative Code's R13-4-105 and R13-4-109. AZ POST Form A-1 has been submitted to the Board.
- The above applicant has completed a medical examination as specified in Arizona Administrative Code R13-4-107. The examining physician was aware of the physical and mental demands placed on police cadets and found no condition existing which precludes the applicant's full participation in all training areas.
- All required AZ POST forms and documentation are on file and available for review upon request by the Board or its staff.

\_\_\_\_\_  
Agency Representative (type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PART II. THE FOLLOWING ITEMS TO BE FILLED OUT BY APPLICANT

#### 13. PRIOR POLICE ACADEMY ATTENDANCE: (if applicable)

NAME OF ACADEMY: \_\_\_\_\_

LOCATION OF ACADEMY (City, State): \_\_\_\_\_

DATES OF ATTENDANCE: (From): \_\_\_\_\_ (To): \_\_\_\_\_

COMPLETED SUCCESSFULLY: ☐ YES ☐ NO TYPE OF CERTIFICATION RECEIVED: \_\_\_\_\_

**Note: If multiple academies, list details for each on separate sheet.**

#### 14. INDIVIDUAL CERTIFICATION:

The undersigned individual hereby attests:

- I am aware of the minimum requirements for appointment as a peace officer in the state of Arizona as enumerated in Arizona Administrative Code R13-4-105, and R13-4-109, and to the best of my knowledge, meet ALL such requirements.
- I have completed a medical examination as required by Arizona Administrative Code R13-4-107 and my physical condition has not substantially changed since such examination.
- The personal information contained in this form is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PART III. FOR ACADEMY USE ONLY

15. DATE RECEIVED:	17. CLASS NUMBER or STUDENT I.D. NUMBER:
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18. COMMENTS:
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